

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002091

STATE FILE NUMBER

AMENDED

Registration District No. 149
FILED JAN 18 1962

Primary Registration District No. 1002

Registrar's No. 75

75

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 44 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6827 Agnes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Leland Middle H. Last Wagner				4. DATE OF DEATH Month Jan. Day 5 Year 1962				
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-22-1900		
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months 61 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Price Accounting				10b. KIND OF BUSINESS OR INDUSTRY Stowe Hdw.		11. BIRTHPLACE (City and state or country) Holden, Mo		
12. CITIZEN OF WHAT COUNTRY USA								
13a. FATHER'S NAME Andrew J. Wagner				13b. MOTHER'S MAIDEN NAME Anna T. Hank		14. NAME OF HUSBAND OR WIFE Neta Wagner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Neta Wagner, 6827 Agnes, K. C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sarcoma, generalized Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Malignancy, primary of testicle DUE TO (b) 8-10 mo. DUE TO (c) 4-5 mo.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour 4:10 a.m. 11:0 p.m.		Month, Day, Year Feb 1960						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from Feb 1960 to Jan 5, '62 and last saw him alive on Jan 5, '62 Death occurred at 4:10 am on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Adrian J. Brown M.D. (Degree or title)				22b. ADDRESS 4526 Paseo, KC Mo		22c. DATE SIGNED 1-6-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-8-1962		23c. NAME OF CEMETERY OR CREMATORY Floral Hills, Inc		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc Blue Ridge & Gregory				25. DATE RECD. BY LOCAL REG. 1-8-62		26. REGISTRAR'S SIGNATURE Ruth Long		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Adrian J. Brown MEDICAL CERTIFICATION

Dr. C. M. Jernice
4836
Feb 1 - 11 66
Hawaii

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. M. Jernice

Licensed Embalmer No. 3453

P. O. Address K. E. Tan.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.